

Student Information Form

COMPLETE THIS FORM FOR THE FOLLOWING REASONS
(CHECK ALL THAT APPLY).

Not pre-registered _____ Information Change _____ Parental Consent _____

STUDENT INFORMATION PLEASE PRINT CLEARLY (* required information)

* First Name: _____ MI: _____ * Last Name: _____ Suffix: _____

* Address: _____

* City: _____ * State: _____ * Zip: _____

* Phone: _____ * Date of Birth: _____ (month/day/year)

Email: _____

OPTIONAL INFORMATION (CIRCLE RESPONSE)

Sex: Male Female

Ethnicity: American Indian Asian/Pacific Hispanic White
African American (Black) Other Unknown

Disability/Impairment: None Visual Hearing Reading Mobility Other Unknown

Status: Civilian Military Student Unknown

Education (highest grade attained): 3 5 6 7 8 9 10 11 12 GED

High School Grad College Student College Grad Other Unknown

CLASS INFORMATION (To be completed by instructor)

Student Certification No. _____ Class ID: _____

Class Type: HE _____ BHE _____ Bow _____ Trapper _____

Instructor-led _____ Field Day Only _____

Instructor: _____

Course Fee (\$8) Paid by: Check _____ Cash _____

